

G. NURSING UNITS

1.0 PURPOSE AND SCOPE

This document specifies the space planning criteria for Nursing Units.

Nursing Units, as used in these criteria, do not include the following functional areas which are included in other specific criteria:

<u>Function</u>	<u>Criteria</u>
Examination & treatment facilities other than those required specifically for a nursing unit.	Hospital Clinics
Post-anesthesia recovery Surgery	Surgery
Nurseries, post-partum/ antepartum beds.	OB, Labor & Delivery
Offices for chief/director, assistant chief/directors and administrative assistants/ superintendents of nursing service.	Hospital Clinics or Administrative Activities
Office for physicians nurse practitioners physician administrative activities assistants, social workers, psychologists, etc.	Office for physicians Hospital Clinics or
Offices for nursing service education.	Administrative Activities

2.0 DEFINITIONS

Nursing units are those groups of rooms and facilities that are required for the nursing care of hospital inpatients including intensive, acute and light care patients. These units include, but are not limited to, the following services: Medical -Surgical; Intensive Care; Coronary Care; Psychiatric (including alcohol rehabilitation); Pediatrics; and Light Care. A nursing unit consists of, but is not limited to, the following:

Patient bedrooms with showers, toilets, and lavatories.

Tub rooms and wheelchair showers.

Nurses station area which includes the nursing station with a monitor area, ADP terminal area, nurses workroom/charting area, medication preparation/unit dose drug room, and physician workrooms.

Support facilities which include soiled utility, clean linen room, trash/soiled linen collection, nourishment center/galley/pantry, litter and wheelchair storage, treatment room, supply and equipment area, janitor's closet, Charge/Head nurse office, senior corpsman/NCOIC office, nursing conference room, staff lounge, staff lockers, and staff toilets.

Dayrooms, waiting areas, playrooms, and public toilets.

Light care is that level of supportive health care required by a patient who has a limited health deficit which prevents the resumption of normal activities but who is, at the same time, essentially self-supporting, self-sustaining, and mobile. Because of the minimal level of care required by the light care patient, health facilities to support this patient shall be less extensive than acute care units.

Multi-unit support offices and conference rooms. Multi-unit areas include offices for the: area patient care coordinator (APCC); clinical nursing specialist/instructor; ACPO/NCOIC; unit/supply manager; and conference room. These are areas which support more than one nursing unit.

3.0 POLICIES

The ratio of patient beds in one and two patient bedrooms will be as follows for hospitals with 50 beds or less:

A minimum of 10% or a maximum of 15% of patient beds will be in one-bed rooms.

The remaining 90% to 85% of patient beds will be in two-bed rooms.

The ratio of patient beds in one, two and four patient bedrooms will be as follows for hospitals with more than 50 beds:

A minimum of 10% or a maximum of 15% of patient beds will be in one-bed rooms.

A maximum of 65% of patient beds will be in two-bed rooms.

A minimum of 25% of patient beds will be in four-bed rooms.

Intensive care, coronary care, isolation, and psychiatric seclusion beds are to be excluded in determining patient room ratios.

These ratios are to be applied to total beds, excluding intensive care, coronary care, isolation, and psychiatric seclusion beds and do not have necessarily apply to individual nursing units.

Single Bed Isolation Rooms

Pediatric isolation beds will be programmed on the following basis:

Pediatric Bed Capacity	Number of Isolation Beds
16 or less	2
17 - 25	3
26 - 33	4
34 - 40	5

Medical-Surgical isolation beds will be programmed on the basis of two per Medical-Surgical unit.

Intensive Care isolation beds will be programmed on the basis of one per each four Intensive Care beds.

Psychiatric units do not usually require isolation rooms.

Intensive Care and Coronary Care Units.

The number of Intensive Care Unit (ICU) and Cardiac Care Unit (CCU) beds will be supported by a specific justification.

The justification will address factors such as hospital mission, expected mission change, projected work load, and geographical location. If space is requested for a laboratory to support these special care functions, it will be supported by a similar justification. Guidelines pertaining to ICU and CCU capabilities can be found under the Occupancy Rates chapter of this criteria.

Light Care Beds

Light care bed requirements are determined by analysis of active duty diagnostic categories for which light care beds are appropriate.

Specifically identified light care bed units will be programmed only when there is a requirement for 30 or more light care beds.

When the requirement for light care beds is calculated as 29 beds or less, these beds will be programmed as medical-surgical nursing unit beds based on medical-surgical nursing criteria.

Light care nursing units shall not exceed 50 beds per unit. In the event light care requirements are computed to be between 51 to 59 beds, one to nine beds, respectively, shall be programmed as medical-surgical beds to maintain the planning range of a minimum of 30 beds and a maximum of 50 beds.

While an oxygen and suction system are not required for light care patients, design of light care units will be such that installation of acute-care support systems (i.e., oxygen, suction, etc.) may be added without extensive facility alteration.

Light care beds when constructed in structures housing inpatient activities will comply with Health Care Occupancy requirements of NFPA 101.

Nurses stations and support facilities will be provided as follows:

A nurses station and support facilities will be provided for each medical-surgical, psychiatric, pediatric unit, and light care unit.

Each ICU and CCU unit will have a separate nursing station and support facilities.

No more than 40 beds may be programmed per nursing unit (excluding light care, ICU, and CCU units).

Sub-nurses stations may be included if supported by a justification that addresses decentralization/team nursing concepts, and the availability of adequate staffing to implement such concepts. Support facilities will be centrally located at each nursing and sub-nursing station.

When necessary, multi-units support offices and conference rooms may be programmed on a basis of one complex of rooms per specialty.

Physician Offices: Medical facilities with physicians designated as ward medical officers/unit directors may contain office space on the nursing units when it is determined such offices are required on or adjacent to the nursing units.

Bedrooms:

The planning ranges for bedrooms include space for the bed, patient and visitor seating, and necessary support equipment.

When the toilet and shower space is designed as an offset to the room, and an entry way is created, the space occupied by the entry is circulation space, it is not counted as part of the NSF allowed for the patient bedroom.

Patient bathrooms will consist of one toilet, one lavatory, and one shower. Shower dimensions will be a minimum of nine square feet.

Bathrooms in four-bed rooms will have one shower, one toilet, and one lavatory. A second lavatory will be located within the bedroom.

Bathrooms in ICU and CCU bedrooms do not require showers.

Bathrooms in Pediatric rooms will include a combination tub/shower.

An anteroom with lavatory will be provided for each isolation room.

Nurse servers into the patient bedrooms may be provided when the logistics system entails the use of an exchange cart system.

Seclusion Bedrooms:

Two seclusion bedrooms will be provided for each psychiatric nursing unit, or,

One seclusion bedroom, sized as a typical one patient bedroom, may be provided at hospitals without a planned psychiatric nursing unit.

Each seclusion room will include an anteroom with entry to the bathroom through the anteroom.

Modification of the space criteria may be necessary to meet specific mission requirements but any such modification will require OASD(HA) approval. Special requirements for spaces not covered by this document will be developed on an individual basis and will also require OASD(HA) approval.

4.0 PROGRAM DATA REQUIRED

Bed requirements, by specialty, determined from the DoD bed sizing confidence criteria. (see Introduction Section 1.0)

Identification of teaching/non-teaching hospitals.

Projected male and female staffing requirements by nursing unit.

Analysis of ICU/CCU bed requirements. (if ICU/CCU beds are required)

Determination that a exchange cart logistics system will be employed. (If nurse servers are required.)

Determination that a computerized patient monitoring system will be employed.

Identification and justification for programming any of the following special purpose rooms.

Unit Supply Manager Office, Area Patient Care Coordinator Office, Nursing Section Supervisor Office, Senior NCOIC Office, Clinical Nurse Specialist Office, Nursing Service Section Clerk Office

Determination that an adolescent lounge is required.

5.0 SPACE CRITERIA

The spaces listed below are normally required for nursing units in DoD hospitals. It is not intended that planners include all functional areas listed herein, unless there is a valid requirement at the installation under consideration.

Space planning criteria are listed in the following tables:

FUNCTION	NSF AUTHORIZED				PLANNING RANGE/ COMMENTS	
	<u>M/S</u>	<u>PEDS</u>	<u>ICU CCU</u>	<u>PSYCH REH</u>	<u>LIGHT CARE</u>	
<u>Patient Bedrooms</u>						
One Bed						
Patient Bedroom 140 140 200 NR NR	140	140	200	NR	NR	Patient Bedroom 140 140 200 NR NR
With Mobilization	170	170	200	170	170	
Bathroom	70			70	70	Toilet, shower, lav.
		60				Tub/shower combination
			50			50.No shower, toilet, lav, per each two single rooms
Lavatory (in room)		20	20			
Two Bed Patient Bedroom With Mobilization	220	220	NR	220	220	
Bathroom	70		NR	70	70	Bathroom 70 NR 70 70 Toilet, shower, lav.
		60				Tub/shower combination
Lavatory (in room)		20				
Four Bed Patient Bedroom	440	440	NR	440	440	
Bathroom	70		NR	70	70	Toilet, shower, lav.
		60				Tub/shower combination
Lavatory (in room)	20	20		20	20	
Isolation Bedroom	140	140	200	NR	140	
Bathroom	70	70		NR	70	Toilet, shower, lav.
			50			No shower

Isolation anteroom	60	60	60	NR	60	
Seclusion Bedroom		NR	NR	100	NR	
	140					Programmed only when no psych unit is planned.
Seclusion Anteroom		NR	NR	60	NR	
	60					Programmed only when no psych unit is planned.
Bathroom	70	NR	NR	70	NR	Programmed only when no psych unit is planned. Entry through anteroom.
Nurse Servers	6	8.	8.	6	6	Nurse Servers 6 8 8 6 6 Per bed.
Clothing Wardrobe.	5	5.	5	5	5	Per bed.
<u>Nursing Functions (Per Nursing Unit)</u>						
Nurses Station(includes ADP & monitoring equipment space for ward clerk)	150	150	150	150	150	An additional 5 NSF is required for each bed greater than 40. When unit is 1-4 beds, add 50 NSF for each additional 4.
Sub-Nursing	100	100	100	100	NR.	When justified.
Treatment Room	150	150	NR	150	150	
Workroom & Charting	150	150	150	150	150	
Medication prep/ Unit Dose	90	90	90	90	90	
Nursing Conference/ Report Room	150	150	150	150	NR	
Office	100	100	100	100	100	
NCOIC/Senior Corpsman Office	100	100	100	100	100	
Physician Workroom/ Physician Workroom/ Dictation	150	150	150	150	NR	Physician's workroom may be programmed a teaching hospitals.
<u>Bathing (Per Nursing Unit)</u>	100	100	100	100	100	
Wheelchair Shower	80	80	80	80	80	Not required in ICU/CCU if a Step Down Unit is immediately adjacent or available to the ICU/CCU.
<u>Support Facilities (Per Nursing Unit)</u>						
Clean Linen	100	100	100	100	100	
Clean Utility	150	150	150	100	100	Includes space for patient laundry.
Soiled Utility	120	120.	120	120	120	Includes space for patient laundry.
Equip. Storage	150	200	200	100	100	Additional space may be provided with justification. Orthopedic units Storage

Ortho Equip.	150					only, add 30 NSF per circ - o-lectric bed or turning frame.
Mobile X-Ray Unit Alcove	40	40	40	NR	NR	One space per each specialty or one per 90 beds.
Emergency Equip. Alcove	20	20	20	20	20	Crash Cart
Nourishment Center/Galley/ Pantry	100	100	100	150	100	
Litter/Wheel Chair Storage	80	80	80	80	80	Additional 10 NSF for each 10 beds over 30 beds per unit.
Janitor's Closet	40	40	40	40	40	
Computer Room	NR	NR	70	NR	NR	When required for patient monitoring.
Laboratory	NR	NR	100	NR	NR	Blood Gas. When justified.
Admission/Interview Room	NR	100	NR	100	NR	
<u>Dayrooms/Waiting Areas/Group Rooms (Per Nursing Unit)</u>						
Dayroom	200	200	NR	200	200	minimum or 10 NSF per bed whichever is greater
Waiting Room	NR	NR	150	NR	NR	Waiting Room NR NR 150 NR NR 16 NSF per bed or 150 NSF whichever is greater
Group Activity Room	NR	NR	NR	300	NR	300 + 14 NSF for each bed greater than 20
Group Therapy	NR	NR	NR	300	NR	300 + 14 NSF for each bed greater than 20
Playroom	NR	150	NR	300	NR	150 + 10 NSF for each bed greater than 20
Playroom Storage	NR	50	NR	300	NR	
Adolescent Lounge	NR	150	NR	300	NR	.150 + 10 NSF for each bed greater than 20. Individual Study
<u>Staff Lounge/Lockers (Per Nursing Units)</u>						
Staff Lounge						10 NSF per staff member greater than 10. 200 NSF max. Special Care areas = 10 NSF
Male	100	100	100	100	100	
Female	100	100	100	100	100	100 NSF min.
<u>Staff/Public Toilets</u>						
Toilet/Lav	50	50	50	50	50	3 per unit one in each locker room & one at nursing station.
Public Toilet						

Men, (wc., Lav, urinal)	90	90	90	90	90	30 NSF per
Women (wc., Lav.)	60	60	60	60	60	one per nursing unit. 30 NSF per fixture.

NOTE: Quantity of public toilets may be less dependent upon quantity and location of nursing units; consolidation is encouraged.

Multi-Unit Areas/Rooms

Conference Room.	*	*	*	*	*	1 per 25-90 bed facility at 300 NSF.
	200	200	200	200	200	Greater than 90 beds, may program one per nursing specialty
Trash/Soiled Linen Collection	100	100	100	100	100	One room per two nursing units.
Consultation Room	100	100	100	100	100	One room per two nursing units.

Special Purpose Room: Limited to facilities w/designated requirements.

Unit Manager	100	100	100	100	100	One per nursing specialty or 1 per 3 units if nursing service greater than 60 beds.
Area Patient Coordinator/ Nursing Section Supervisor Office	100	100	100	100	100	One per nursing specialty or 1 per 3 units if nursing service greater than 60 beds.
Senior NCOIC Office	100	100	100	100	100	One per nursing specialty or 1 per 3 units if nursing service greater than 60 beds.
Nurse Clinical Specialist	100	100	100	100	100	One per nursing service or 1 per 3 units if serving greater than 60 beds.
Nurse Services Section clerk	100	100	100	100	100	One per nursing service or 1 per 3 units if serving greater than 60 beds.
Quality Assurance	100	100	100	100	100	1 per nursing facility when FTE assigned
Infection Control	100	100	100	100	100	1 per facility when FTE assigned
Patient Teaching Area	120	120		120	120	1 per ward, where ward has at least 32 beds